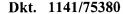
PART B - FEE(S) TRANSMITTAL

OCT 2 9 2007	(or <u>Fax</u>	Commissioner f P.O. Box 1450 Alexandria, Vir (571)-273-2885	or Patents ginia 2231	3-1450	
appropriate HARRING co indicated unless corrected maintenance fee notification				CATION FEE (if req of maintenance fees orrespondence addres	uired). Block will be maile s; and/or (b)	s I through 5 s ed to the current indicating a sepa	hould be completed when correspondence address a trate "FEE ADDRESS" for
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COOPER & DUI 1185 AVENUE OI NEW YORK, NY		Co I hereby certify that t States Postal Service addressed to the Ma transmitted to the US	rtificate of M his Fcc(s) Tra with sufficier il Stop ISSU PTO (571) 27	failing or Transi ansmittal is being it postage for firs IE FEE address 3-2885, on the da	mission deposited with the Unite t class mail in an envelop above, or being faesimil ate indicated below.		
10/29/2007 FHETEKI2 00000074 033125 10554164				Paul Teng			(Depositor's name)
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APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR	ATTORNEY	DOCKET NO:	CONFIRMATION NO.
10/554,164	10/21/2005		Akira Kurome		1	1/75380	6583
TITLE OF INVENTION: MAGNETIC RESONANCE IMAGING DEVICE-APPARATUS							
APPLN. TYPE	SMALL ENTITY	100115 555 545	T				· • · · · · · · · · · · · · · · · · · ·
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VAUGHN, MEGANN E 2859			CLASS-SUBCLASS]			
		2859	324-318000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1 Cooper & Dunham LLP				
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, after	iatively,	-	2	
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNE Hitachi Medica Hitachi LTD.	•	(B) RESIDENCE: (CITY and STATE OR COUNTRY) Tokyo, Japan					
Hitachi Engineering Co., LTD. Please check the appropriate assignee category or categories (will not be printed on the patent): Tokyo, Japan Ibaraki, Japan Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government							
Please check the appropriate	assignee category or o	ategories (will not be pri	inted on the patent):	Individual 🖾 Co	rporation or o	other private grou	p entity Government
4a. The following fee(s) are s Issue Fee		b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)					
Publication Fee (No small entity discount permitted) Advance Order - # of Copies5			Payment by credit card. Form PTO-2038 is attached.				
overpayment, to Deposit Account Number 03 –3125 (enclose an extra conv of this form							
5. Change in Entity Status (a. Applicant claims SM	from status indicated	above)	_				
NOTE: The Issue Fee and Pu	blication Fee (if requi	red) will not be accepted	b. Applicant is no le	onger claiming SMAL	L ENTITY S	tatus. Sec 37 CFR	1.27(g)(2).
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignce or other party in Authorized Signature							
Typed or printed name	Paul Teng (Date October 24, 2007					
Acgistration No. 40,007							
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PTOL-85 (Rev. 08/07) Approved for use through 08/31/2007.





IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Akira KUROME

Serial No.: 10/554,164

Date Filed: October 21, 2005

For: MAGNETIC RESONANCE IMAGING APPARATUS

Conf. No.: 6583 Class-Subclass: 324-318000

Issue Fee Due Date: November 13, 2007

Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

APPLICANT'S COMMENTS ON EXAMINER'S STATEMENT OF REASONS FOR ALLOWANCE

Sir:

Applicant appreciates the Examiner's Statement of the Reasons for Allowance attached to the Notice of Allowability dated August 10, 2007 and submits that the allowed claims recite subject matter which further supports patentability for reasons in addition to those identified in the Reasons for Allowance.

Respectfully submitted,

I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Reg. No. 40,837

btober 24, 20

PAUL TENG, Regulio. 40,837

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